

RESIDENTIAL APPEAL
FORD COUNTY BOARD OF REVIEW
ASSESSMENT YEAR 20_____

PARCEL NUMBER_____

DOCKET NUMBER_____
For Office Use Only

PROPERTY ADDRESS_____

This form must be completed and submitted to the Ford County Board of Review within thirty (30) days of the publication of the assessment roll.

Appellant_____

Attorney_____

Address_____

Address_____

Daytime Phone_____

Telephone_____

The assessment placed on the real property for said tax year is as follows.
Items 1 & 2 below must be completed.

	1. By Assessor	2. Appellant's Claim	3. Board of Review
Land	_____	_____	_____
Building	_____	_____	_____
Total	_____	_____	_____
Full Value	_____	_____	_____
Total X's 3			

This appeal is based on:

- () Recent Sale Sale Price \$_____ Date of Sale_____
- Is this sale or transfer between family or related parties? Yes___ No___
- Was the property advertised for sale? Yes___ No___
- Sold by () Owner () Realtor () Auction () Other_____
- Contract Sale Yes___ No___ If yes, attach copy of contract.
- () Recent Appraisal - attach full copy of appraisal
- () Comparable Sales – list comparable properties with recent sales on next page
- () Assessment Equity – list comparable properties on next page
- () Recent Construction (constructed, remodeled, addition, etc)
- Date of Completion_____ Date of Occupancy_____
- If not complete January 1 of assessment year, provide evidence of progress of construction
- Attach summary of total cost of materials and labor including value of any non-compensated labor
- () Contention of Law (submit brief)
- () Condition of property – attach description and photographs

Signature _____
Appellant or Attorney

Date_____

DESCRIPTION OF PROPERTY

Year Built _____ Square Feet Living Area _____
Construction ☐ Frame ☐ Brick ☐ Other _____
Foundation ☐ Basement ☐ Finished sq ft _____ ☐ Unfinished sq ft _____
☐ Crawl ☐ Slab ☐ Other _____
☐ Partial (describe) _____
Garage ☐ Attached size _____ ☐ Detached size _____ ☐ None
☐ Carport size _____ ☐ Other _____
Bathrooms 2-fixture _____ 3-fixture _____ 4-fixture _____ 5-fixture _____
Number of additional plumbing (Laundry Sink, hot tub, whirlpool, etc.)
Describe _____
Additional ☐ Fireplace(s)# _____ ☐ Central Air ☐ Other _____

Is the information contained on the property record card correct? Yes ___ No ___

If No, describe _____

If square feet is incorrect, submit sketch of outside dimensions of building.

COMPARABLE SALES / COMPARABLE PROPERTIES

Provide at least 3 comparables. All comparables should be similar to the subject in size, design, age, amenities, location and condition. Photographs of the subject and comparables may be submitted but are not required.

	Comparable # 1	Comparable # 2	Comparable # 3
Property #	_____	_____	_____
Address	_____	_____	_____
Land Assmt	_____	_____	_____
Bldg Assmt	_____	_____	_____
Total Assmt	_____	_____	_____
Sale Price	_____	_____	_____
Date of Sale	_____	_____	_____

You may attach additional evidence to support your appeal, including photographs.

Return form to: Board of Review
Ford County Courthouse
200 W. State, Room 104
Paxton, IL 60957
217 379-9430